2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000001386

1. Entity Name
FLAGLER ABRAHAM GROUP, LLC

Principal Place of Business	Mailing Address
6051 NORTH OCEAN DRIVE, #405 HOLLYWOOD, FL 33019-4621	6051 NORTH OCEAN DRIVE, #405 HOLLYWOOD, FL 33019-4621

DO NOT WRITE IN THIS SPACE

01052008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4043590	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, EILEEN J
6051 NORTH OCEAN DRIVE, #405
HOLLYWOOD, FL 33019-4621

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000784899
01/16/08-80074-001 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	ABRAHAM, EILEEN J	
STREET ADDRESS	6051 NORTH OCEAN DRIVE, #405	
CITY-ST-ZIP	HOLLYWOOD, FL 330194621	
TITLE		
NAME		
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CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Eileen Abraham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #